



State of Utah
Department of Workforce Services
H.E.A.T Program/HELP/EAF Application
(Home Energy Assistance Target)

Instructions for HEAT Application

This application must be completely filled out, signed, and dated. Copies of all the following documents must be included with this application or your application cannot be processed.

1. Household Verifications:

- Copy of your picture identification.
- Copies of Social Security cards for everyone in your home, including children.
- Copies of Bureau of Citizenship & Immigration Services (BCIS) documents showing legal status in the U.S.

2. Income and Income Deductions Verifications:

- Copies of the proof(s) of income received in **the previous month** by all household members. (Check stubs, Social Security, Retirement, Child Support, Alimony, etc.)
- Proof of payment for any health, dental, or vision insurance premiums, prescription medicines, and payments to doctors, hospitals, or medical/dental clinics paid in **the previous month**.
- Proof of any child support or alimony paid **the previous month**, if applicable.

3. Energy Burden Verifications:

- Copies of your most recent Gas and Electric utility bills. (If for some reason these bills are not in your name, tell us who the person on the bill is and why it is in their name.)
- If you do not pay for energy costs directly, bring a copy of your lease or have your landlord fill out a Landlord Statement form for verification that part of your rent goes toward paying utilities.

4. Target Groups Verifications: Additional money can be given if you have a person 60 years old or older, anyone is disabled, or a child five or under.

- Driver's license or official documentation showing age 60 or older.
- Copy of the birth certificate for a child five years old or younger, if in the home.
- Proof of a disability, if applicable.

5. ADDITIONAL DOCUMENTATION MAY BE REQUIRED.

REMEMBER TO LEAVE A PHONE NUMBER WHERE YOU CAN BE REACHED SO WE CAN CALL IF WE HAVE QUESTIONS OR YOU NEED OTHER DOCUMENTS.

Send copies only, as originals will not be returned.

If the application is not filled out correctly or is lacking documentation, it will be denied.

If you live in this county:	You must mail the application to:
Salt Lake, Tooele	SALT LAKE COMMUNITY ACTION PROGRAM HEAT PROGRAM 764 S 200 W SALT LAKE CITY UT 84101
Davis, Morgan, Weber	FUTURES THROUGH TRAINING HEAT PROGRAM 1140 36 TH STREET STE 150 OGDEN UT 84403-2046
Summit, Utah, Wasatch	MOUNTAINLANDS AOG HEAT PROGRAM 586 E 800 N OREM UT 84097
Beaver, Garfield, Kane, Iron, Washington	HEAT PROGRAM 168 N 100 E STE 255 ST GEORGE UT 84770
Juab, Millard, Piute, Sanpete, Sevier, Wayne	SIX COUNTY ASSOCIATION OF GOVERNMENTS HEAT PROGRAM PO BOX 820 RICHFIELD UT 84701
Carbon, Emery, Grand, San Juan	SOUTHEASTERN UTAH ASSOCIATION OF LOCAL GOVERNMENTS HEAT PROGRAM PO BOX 1106 PRICE UT 84501
Box Elder	BEAR RIVER ASSOCIATION OF GOVERNMENTS HEAT PROGRAM 2535 S HIGHWAY 89 PERRY UT 84302
Cache or Rich	BEAR RIVER ASSOCIATION OF GOVERNMENTS HEAT PROGRAM 170 NORTH MAIN LOGAN UT 84321
Daggett, Duchesne or Uintah	UINTAH BASIN ASSOCIATION OF GOVERNMENTS HEAT PROGRAM 330 E 100 S ROOSEVELT UT 84066



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OFFICE USE: Date Received: _____ Application ID: _____
Outreach: ☐ Y ☐ N Mail-In: ☐ Y ☐ N

1. Applicant Information:

Name: _____ Date: _____
First Middle Last

Social Security #: _____ Gender: ☐ Male ☐ Female Birth Date: _____
Month Day Year

Street Address: _____ Mailing Address: (if different) _____

Apartment Complex Name and Number _____ Apartment Complex Name and Number _____

Street Address _____ Unit # _____ Street Address or PO Box _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone #: () _____ Secondary Phone #: () _____

Email Address: _____

2. Have you applied for HEAT assistance before? ☐ Yes ☐ No

3. Ethnic background: ☐ Native American ☐ White ☐ Hispanic ☐ Black ☐ Asian
☐ Pacific Islander ☐ Other: _____

4. Are you a US Citizen? ☐ Yes ☐ No
If no, provide documentation of legal residency if applicable.

5. Other persons in my household including other adults and children: (Continue list on back if needed.)

NAME (First, Last)	Relation	Birth date mm/dd/yyyy	Age	Social Security Number	Sex	Income	Citizen
					M F	Y N	Y N
					M F	Y N	Y N
					M F	Y N	Y N
					M F	Y N	Y N
					M F	Y N	Y N

6. Household Composition:

Child under age 3..... ☐ Yes ☐ No Child age 3 through 5..... ☐ Yes ☐ No
Age 60 and older..... ☐ Yes ☐ No Handicapped/Disabled..... ☐ Yes ☐ No
U.S. Citizens (all?)..... ☐ Yes ☐ No Receiving SNAP (Food Stamps)..... ☐ Yes ☐ No

Number of Adults: _____ Number of Children (under 18): _____ Total # in Household: _____

Note: Social Security cards must now be provided for all household members.

7. Your dwelling is a (check one): ☐ House ☐ Apt. (3 or more units) ☐ Duplex
☐ Basement Apt. ☐ Mobile Home ☐ Small Trailer ☐ Boarding Room

8. Do you rent or own your home? _____ What is your primary heating source? _____

9. Is your rent subsidized? _____ How much is your monthly rent/mortgage payment? \$ _____

10. Does your rent include utilities? _____ Which utilities? _____

11. My HEAT payment is to be issued to the following utility(ies) in the percentages listed below (100%, 50/50%, or 25/75%). I understand that the utility vendor and percentage cannot be changed after application is submitted.

You must enclose copies of your most recent utility bills.

%	Name of Utility Vendor(s)	Utility Account Number(s)	Name on account (provide explanation if not applicant)

12. **Income:** Indicate which sources of income and/or assistance you **and anyone** living in your household receive. Attach all pay stubs and documentation of all other income for **LAST MONTH**. Any adults in the household with no income or net business profit must complete and include a "Zero/Deficit" income statement

Income documentation is for the month of: _____

EARNED INCOME TYPE	Y / N	NAME OF RECIPIENT	DATE PAID	GROSS AMOUNT	HOW OFTEN? (weekly, bi-weekly, twice monthly, monthly)
Employment	Y N				
Employment	Y N				
Employment	Y N				
Employment	Y N				
Self-Employment	Y N				
Self-Employment	Y N				

UNEARNED INCOME TYPE	Y / N	NAME OF RECIPIENT	DATE PAID	GROSS AMOUNT	HOW OFTEN? (weekly, bi-weekly, twice monthly, monthly)
Social Security, SSI, SSD	Y N				
Social Security, SSI, SSD	Y N				
Social Security, SSI, SSD	Y N				
Unemployment	Y N				
Unemployment	Y N				
Alimony	Y N				
Annuity	Y N				
Child Support	Y N				
General Assistance	Y N				
Pension	Y N				
Railroad Retirement	Y N				
Rental Property	Y N				
Retirement	Y N				
TANF/FEP	Y N				
Veterans Benefits	Y N				
Workers Comp	Y N				
OTHER	Y N				

Attach additional sheet if needed to provide information from all income sources for all household members.

13. Medical Deductions: List any health, dental, or vision insurance premiums, prescription medicines, and payments to doctors, hospitals, or medical/dental clinics paid **last month**. Proof of payment must be included with this application. All receipts must be paid in the same month as the month of income listed in number 12. (Attach additional sheet if needed.)

Name of Person	Type of Medical Expense	Proof of Payment	Date Paid	Amount Paid
				\$
				\$
				\$
				\$

14. Alimony/Child Support Deductions: Did you or anyone in your household pay alimony or child support **last month**? ☐ Yes ☐ No
If yes, you must include copies of the receipts with this application. All receipts must be paid in the same month as the month of income listed in question 12.

DECLARATION: I understand that neither the vendor nor the percentage of my HEAT payment may be changed. By signing this application, I certify under penalty of perjury that the information I provided on this application is true, and that giving false information may require repayment of any funds received. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement herein. I hereby authorize HEAT program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application. I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. I understand that I have the right to a Fair Hearing if my application is denied. I further understand that if Federal HEAT funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment.

I verify that, if eligible, I would like to receive the Rocky Mountain Power (RMP) HELP discount program and Questar Gas Energy Assistance Fund (EAF) credit. I will notify the State of Utah at 866-205-4357 if my situation changes and I am no longer eligible for the HELP discount and I understand that failure to do so may require me to pay the difference between any eligible and ineligible amounts.

Signature

Date

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

OFFICE USE ONLY

1. INCOME FORMULA

Total NET Income \$ _____
divided by 100% of the Poverty
Amount for a household size of _____
(see table) \$ _____ = _____%
(Ineligible if over 150%)
subtract the % amount from \$205.00
= \$ _____

Total #1: \$

2. ENERGY BURDEN

FUEL TYPE: _____

Household Energy Cost (Select one):

Actual Costs \$ _____

House Standard \$ _____ Apt. Stand. \$ _____

Room & Board Stand. _____ (10% of rent)

Divide Energy Cost selected above by total
NET income _____ = _____ X \$7.00 = _____
(Max. of 25)

Total #2: \$ _____

3. TARGET GROUPS

Child under 6 _____
 Disabled _____
 Over 60 _____

(If household has any members in a target group add \$150)

Total #3: \$

Add totals from boxes 1, 2, & 3 for estimated Total HEAT Benefit: \$